

First Weeks

WELL CHILD VISIT

Revised June 2017

Name		BIRTH DATE		AGE	ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE
				<input type="checkbox"/> M <input type="checkbox"/> F		
ID NUMBER	CURRENT MEDICATIONS			DRUG ALLERGIES		
	See other side for current medication list					
WEIGHT (%)	LENGTH (%)	WEIGHT FOR LENGTH (%)	HEAD CIRC (%)	TEMPERATURE	DATE/TIME	

See growth chart.

BF = Bright Futures Priority Item

History

Physical Examination

BRIGHT FUTURES
HOSPITAL

☐ Term or _____ weeks

Birth _____ weight _____

Discharge weight _____

Newborn hearing screening ☐ Normal

☐ Pending results ☐ Not performed

☐ Abnormal _____

Newborn blood spot screen ☐ Normal

☐ Pending results ☐ Not performed

☐ Abnormal _____

Blood type: Maternal _____

Infant _____ Direct Coombs _____

Bilirubin screening ☐ None

Transcutaneous bilirubin _____

Serum bilirubin _____

Hep B (maternal): ☐ Pos ☐ Neg ☐ Unk

Hep B vaccine _____ / _____ / _____

Comments _____

☐ Home birth ☐ Previsit Questionnaire reviewed

BF Concerns /questions raised by _____ ☐ None ☐ Addressed (see other side)

BF Follow-up on previous concerns _____ ☐ None ☐ Addressed (see other side)

BF ☐ Medication Record reviewed and updated

Physical Examination

☒ = Reviewed w/Findings **OR** ☒ NL = Reviewed/Normal

BF ☐ GENERAL APPEARANCE _____ ☐ NL

BF ☐ SKIN(rashes, jaundice) _____ ☐ NL

BF ☐ HEAD/FONTANELLE _____ ☐ NL

BF ☐ EYES (red reflex/strabismus/appears to see) _____ ☐ NL

☐ EARS/APPEARS TO HEAR _____ ☐ NL

☐ NOSE _____ ☐ NL

☐ MOUTH AND THROAT _____ ☐ NL

☐ NECK _____ ☐ NL

☐ LUNGS _____ ☐ NL

BF ☐ HEART _____ ☐ NL

BF ☐ FEMORAL PULSES _____ ☐ NL

BF ☐ ABDOMEN (umbilical cord, vessels) _____ ☐ NL

☐ HERNIA _____ ☐ NL

☐ GENITALIA _____ ☐ NL

☐ Male/Testes down _____ ☐ NL

☐ Female _____ ☐ NL

☐ CIRCUMCISION _____ ☐ NL

BF ☐ NEUROLOGIC (tone, symmetry, state regulation) _____ ☐ NL

☐ EXTREMITIES _____ ☐ NL

BF ☐ MUSCULOSKELETA (torticollis) _____ ☐ NL

BF ☐ HIPS _____ ☐ NL

☐ NO DYSMORPHISMS _____ ☐ NL

☐ HYGIENE _____ ☐ NL

☐ BACK _____ ☐ NL

BF Comments _____

Social/Family History

Assessment

Family situation ☐ Single Parent

BF Parent adjustment to new child _____

BF Maternal Depression ☐ Yes ☐ No

PHQ 9 ☐ Pass ☐ Refer

PHQ 2 ☐ Pass ☐ Refer

Edinburgh ☐ Pass ☐ Refer

BF Reaction of siblings to new child _____

BF Work plans _____

BF Child care plans _____

Heat source _____

BF ☐ Tobacco Exposure _____

Assessment

BF ☐ Well Child

Review of Systems

Anticipatory Guidance

BRIGHT FUTURES

☒ = NL

Date of last visit _____

Changes since last visit _____

Nutrition: ☐ Breast milk Minutes per feeding _____

Hours between feeding _____ Feedings per 24 hours _____

Problems with breastfeeding _____

☐ Formula Ounces per feeding _____

Source of water_Vitamins/Fluoride _____ Elimination: ☐ NL _____

Sleep: ☐ NL _____

Behavior: ☐ NL _____

Development (if not reviewed in Previsit Questionnaire)

☐ SOCIAL-EMOTIONAL ☐ COMMUNICATIVE

*Eats well *Turns and calms to your voice

☐ PHYSICAL DEVELOPMENT ☐ COGNITIVE

*Can suck, swallow, and breathe easily *Follows your face

(see other side for plan, immunizations and follow-up)

Anticipatory Guidance

☒ = Discussed and/or handout given

☐ Identified at least one child and parent strength

☐ Raising Readers book given

BF ☐ NEWBORN TRANSITION

Back to sleep

Daily routines

Calming techniques

BF ☐ NEWBORN CARE

Emergency preparedness plan

Frequent hand washing

Avoid direct sun exposure

Expect 6-8 wet diapers/day

BF ☐ NUTRITIONAL ADEQUACY

Breastfeeding (vitamin D supplement)

Iron-fortified formula (if not breastfed)

No solid foods

No honey; no Karo syrup

BF ☐ PARENTAL WELL-BEING

Baby blues

Accept help

Sleeps when baby sleeps

Unwanted advice

BF ☐ SAFETY

Car safety seat (infant rear facing)

Smoke-free environment

No shaking

Burns

Water heater

Smoke detectors

Crib safety

Sun safety

First Weeks

WELL CHILD VISIT

NAME	Male	Medical Record Number	DOB
	Female		Actual age (weeks): <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4

Current Medications _____

Plan

BF Patient is up to date, based on CDC/ACIP immunization schedule.

☐ Yes ☐ No

If no, immunizations given today.

☐ Yes ☐ No

ImmPact2 record reflects current immunization status:

☐ Yes ☐ No

☐ Immunization plan/comments _____

☐ Ask about WIC**BF Laboratory/Screening results**

MaineCare Member Support Requested

- ❑ Transportation to appointments

☐ Find dentist☐ Find other provider

☐ Make doctor's appointment

☐ **Public Health Nurse referral**

☐ Family aware

BF Referral to _____

Hearing screen.

☐ Previously done

Date completed _____

BF Follow-up/Next Visit

Narrative Notes:

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EXAMINER'S SIGNATURE	DATE
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